State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not ¿led by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
33566	RAC Distributors, Inc.		
3. Principal Of¿ce Address	City	State	Zip
50 Niantic Avenue	Providence	RI	02907
4. NAICS Code: 44-45	6. Brief description of the character of business conducted in Rhode Island: Purchase and sell at whole sale and retail refrigeration a/c, HVAC/R, equipment and parts.		
5. State of Incorporation: RI			

7. List ALL of¿cers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Glenn M. Amore	50 Niantic Avenue	Providence	RI	02907

Vice-President Name	Street Address	City	State	Zip
Scott S. Amore	50 Niantic Avenue	Providence	RI	02907

Secretary Name	Street Address	City	State	Zip
Scott S. Amore	50 Niantic Avenue	Providence	RI	02907

Treasurer Name	Street Address	City	State	Zip
Glenn M. Amore	50 Niantic Avenue	Providence	RI	02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Glenn M. Amore	50 Niantic Avenue	Providence	RI	02907

Director Name	Street Address	City	State	Zip
Scott S. Amore	50 Niantic Avenue	Providence	RI	02907

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — This information is currently of record in the Department of State.
1000
Changes require an additional ¿ling.
9000

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common A	No par value
9000	Common B	No par value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and af¿rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: Glenn M. Amore
Date: 4/1/17

Signature of Authorized Representative: Glenn M. Amore
SIGN DOCUMENT HERE

FILED
APR 17 2017
BY 010545 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016